

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application**Copy for Continuing Application**

As a named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Nanocomposite Surgical Materials and Method of Producing Them

the specification of which (check one)

☐ is attached hereto.

☒ was filed on March 31, 2000 as United States Application

Number or PCT International Application No. 09/541,374

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
(Number)	(Country)	(Day/Month/Year filed)		YES	NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

60/127,244
(Application Number)

March 31, 1999
(Filing Date)

(Application Number)

(Filing Date)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known by me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)

As a named inventor, I hereby appoint the attorneys and/or agents associated with
Hamilton, Brook, Smith & Reynolds, P.C., Two Militia Drive, Lexington, Massachusetts 02421-4799
Customer No. 21005,

and _____,

to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please send correspondence to:

☒ Customer No. **21005**
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
Two Militia Drive
Lexington, MA 02421-4799

or

☐ Address as follows:

Direct telephone calls to: Alice O. Carroll Telephone No.: 781-861-6240

Direct facsimiles to: Alice O. Carroll Facsimile No.: 781-861-9540

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor Anuj Bellare

Inventor's Signature Anuj Bellare Date _____

Residence 1619 Commonwealth Ave. #35

Brighton, MA 02135

Citizenship India

Post Office Address Same

Full name of second joint

inventor, if any Wolfgang Fitz

Inventor's Signature  Date 7-31-00

Residence 2 Joshua Park
South Natick, MA 01760

Citizenship Germany

Post Office Address Same

Full name of third joint

inventor, if any Andreas H. Gomoll

Inventor's Signature  Date 8/7/00

Residence 70 Chestnut Street
Brookline, MA 02445

Citizenship Germany

Post Office Address Same

Full name of fourth joint

inventor, if any Richard D. Scott

Inventor's Signature  Date 8-3-00

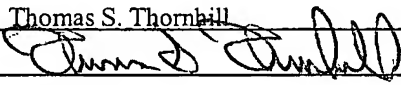
Residence 10 Nickerson Road
Dedham, MA 02126

Citizenship U.S.A.

Post Office Address Same

Full name of fifth joint

inventor, if any Thomas S. Thornhill

Inventor's Signature  Date 8-3-00

Residence 84 Strawberry Hill
Dover, MA 02030

Citizenship U.S.A.

Post Office Address Same